



## Missouri Pharmacy Program – Preferred Drug List



### ***Intranasal Steroids*** ***Effective 03/16/05***

#### **Preferred Agents**

Available Without Clinical Edits

- Flonase®
- Nasonex®
- Flunisolide

#### **Non-Preferred Agents**

Available with Clinical Edits

- Tri-Nasal®
- Nasalide®
- Nasarel®
- Beconase/Beconase AQ®
- Nasacort/Nasacort AQ®
- Rhinocort/Rhinocort Aqua®

<b><u>Approval Criteria</u></b>	<b><u>Denial Criteria</u></b>
Failure to achieve desired therapeutic outcomes with documented trial period for 1 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented ADE/ADR to preferred agents.	Therapy will be denied if no approval criteria are met.
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.